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ABSTRACT

A university health center has experienced an increase in the number of women undergoing elective abortion which resulted in their seeking counseling services to assist them in dealing with overwhelming feelings of guilt and grief. The loss of a pregnancy is often followed by a typical grief reaction that occurs after any bereavement. In working with a number of women who were experiencing post-abortion grief and guilt, the women indicated that their abortions were performed at a variety of public and private clinic settings. The settings were described as being highly medical in nature. An amalgamation and synthesis of the literature review led to the therapeutic concept with these women that the clinic in which their abortion occurred was now a "sacred site" because of their experiences there. Using the setting to help validate the loss, the women were recommended to re-visit the site of their abortions and sit outside the facility for 10-15 minutes so that they could re-live their experience and speak to their fetus/child. If they chose, they could leave something behind as an offering after they had time to reflect upon their experience. It is recommended that practicing therapists continue to develop creative approaches to ease any guilt/grief reactions caused in the aftermath of elective abortion, and more importantly for women to be there for each other. (ABL)

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Post-Abortion Counseling:
Helping To Heal The Grief

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Post-Abortion Counseling;
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Introduction

The issue of elective abortion has remained both volatile and controversial. It had become a cornerstone in the political platforms of both major parties of the government, especially as the United States neared the 1992 Presidential election. The Republican controlled Executive Branch of the government had made some significant appointments to the United States Supreme Court with the hopes of overturning Roe v. Wade.

The past several years have seen the further polarization of our nation into "pro-life" and "pro-choice" factions over the issue of abortion. Both factions have been involved in heated confrontations in targeting gynecological clinics that offer abortion on demand. The summer of 1992 saw this occurring in Milwaukee, Wisconsin.

As a result of the 1993 Presidential election and a change in the governing party of the Executive Branch of government, we as a nation, have yet to see how this change will unfold. As a clinical practitioner on a large urban university campus, it is impossible to look at the "big picture" when there are so many "small pictures" with which I must deal. Our university health center has experienced an increase in the number of women undergoing elective abortion, despite being raised under and adhering to strict religious and family beliefs, which resulted in their seeking counseling services to assist them in dealing with overwhelming feelings of guilt and grief. It is our health center's responsibility to provide counseling services regardless of personal feelings on the topic, and despite assumptions from the general medical community that an early, voluntary loss of pregnancy is not

followed by emotional distress (Iles, 1989).

The purpose of this symposium/roundtable discussion is to review some of the limited literature on voluntary abortion and grief, and to present a treatment technique that may allow women in this situation to reconcile their moral dilemma and resolve their grief in a quicker, positive manner.

Literature Review on Grief Reactions

The loss of a pregnancy is often followed by a typical grief reaction that occurs after any bereavement (Iles, 1989). A social termination of pregnancy during the first trimester has few adverse consequences for most women, according to McAll and Wilson (1987). However, there are between 7-14% of women who experience significant emotional distress afterwards who have risk factors consisting of poor social support and ambivalence about the termination of the pregnancy (McAll & Wilson, 1987).

Moscarello (1989) described a three year program at Women's College Hospital in Toronto to assist women dealing with perinatal grief caused by miscarriage, therapeutic abortion, stillbirth, or infant death shortly after birth. Part of the program encouraged the mother to be involved in the planning and participating in the funeral/burial service. Peppers (1987) investigated grief subsequent to elective abortion and found it to be symptomatically similar to grief following involuntary fetal loss. Witzel and Chartier (1989) found that in miscarriages, a woman's grief needed to be validated and caregivers needed to establish a sense of meaning for the loss. Joy (1985) was of the opinion that grief-resolution should involve a woman asking for and granting of forgiveness, which releases her from perceived guild. Buckles (1982) utilized a gestalt dialog technique involving the woman saying good-bye to her fetus and her relationship with it. Stotland (1993) indicated that a summary of research done in the United States, Great Britian, and

Scandanavia show that most women take the decision to terminate a pregnancy very seriously, with only a small minority treating abortion as a means of birth control. Most women feel sad and sometimes guilty several days or weeks after the abortion, but no evidence exists to say these women are experiencing an "abortion trauma syndrome", as "Pro-Life" advocates have contended. Stotland reported that the termination or pregnancy is almost always felt as a loss, with the outcome being best when a woman makes an informed decision among a full range of genuine options, and once the decision is made, it is important that the woman receives all necessary psychological and social support for her decision.

Setting and Treatment

The University of Wisconsin-Milwaukee is a large urban campus of 25,000 students. The only mental health services offered on campus are provided through the Norris Health Center, with intake slots assigned on the basis of students' time schedules, as reception staff do not ask students about the nature of their problem(s). Our campus is also one of the few that does not have a Women's Center, although that status will change during the latter half of 1993.

In working with a number of women this semester who were experiencing post-abortion grief and guilt, the women indicated that their abortions were performed at a variety of public and private clinic settings. The settings were described as being highly medical in nature, and not the type of environments in which a woman could focus upon her emotional sense of self prior to or after the abortion. An amalgamation and synthesis of the literature review led to the therapeutic concept with these women that the clinic in which their abortion occurred was now a "sacred site" because of their experiences there. Using the setting to help validate the loss, the women were recommended to re-visit the site of their abortions and sit outside the facility for 10-15 minutes so that they could re-live their experience

inside and speak to their fetus/child. If they chose, they could leave something behind as an offering after they had time to reflect upon their experience. If they did not feel they could do this alone, my accompanying them to the sites was made available to them, and the offer was taken up by one woman.

In one case, the woman involved was 22 and had terminated her pregnancy four months prior to the feelings of guilt catching up to her. She was unable to tell her parents or friends about what she had done, as she was "Pro-Life" and extremely religious (Catholic), like most of these women. She had also suffered the loss of a good male friend to a brain tumor, months prior to her abortion. She was trying to make sense out of her abortion and the loss of this friend. Her abortion had taken place at a clinic in Rockford, Illinois, and her male friend had been buried at a cemetary not far from the clinic site. She had visited the clinic site and then went to the cemetary and an unusual cognitive linkage occurred at the cemetary. She related that she had known the male friend since grade school and they were always friends, despite never having dated. The session after she visited the clinic site, this young woman seemed very much at peace with herself and I had asked her about her visit. She indicated that she cried outside the clinic and left a rose at curbside, and then went to the cemetary. When asked to describe her friend to me, she indicated that he had "always been there for her to lean on and he would take care of things that she could not". She indicated to me that she finally understood the meaning behind this friend dying when he did, that being so he could take care of one more thing that she could not; her "child".

It is recommended that practicing therapists continue to develop creative approaches to ease any guilt/grief reactions caused in the aftermath of elective abortion, and more importantly for women to be there for each other. I felt very fortunate that the women I had seen did not allow gender to become an issue when seeking help.

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